

Case Number:	CM15-0078174		
Date Assigned:	04/29/2015	Date of Injury:	02/24/2009
Decision Date:	06/05/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old female who sustained an industrial injury to her lower back on 02/24/2009. The injured worker was diagnosed with chronic pain syndrome, post-laminectomy syndrome, degeneration of thoracic/lumbosacral intervertebral disc, arthropathy and lumbar spinal stenosis. Treatment to date includes diagnostic testing, surgery, physical therapy, home exercise program and medications. The injured worker is status post lumbar surgery in May 2009, May 2010, interlaminar electrical stimulation line placement times 2 in 2013, spinal cord stimulator (SCS) implant in February 2014 and revision of left spinal cord stimulator (SCS) lead in March 2014. According to the primary treating physician's progress report on March 16, 2015, the injured worker reports improved pain control in the right lower leg since the latest neurostimulation adjustments in February 2015. The injured worker continues to experience chronic pain in her low back with radiation to both hips and right leg. She reports her pain level at 6-7 with medications. She also reports constipation due to medication but well controlled on Linzess. Examination of the lower back demonstrated trigger points in the right low back and buttock area and loss of lumbar lordosis. Muscle spasm was noted in the right leg with the right foot in dorsal flexion and inversion. Ankle reflex was absent with decreased strength and sensation. Straight leg raise was positive on the right. Current medications are listed as Effexor, Linzess and OxyContin. Treatment plan consists of consultation with a spine surgeon, continue with current medication regimen and home exercise program, trigger point injections times 3 and the current request for OxyContin renewal.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Oxycontin 40mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back. The current request is for OxyContin 40mg #60. The treating physician states, the patient is very upset that the OxyContin was decreased to 45 tablets a month vs. 60. The patient is concerned that without the medication it may be difficult to work and be functional. The patient continues working full time. Medications give a 30-40% of the pain reduction. The patient reports constipation as a side effect from pain medications, which is well controlled with Linzess. There is no aberrant drug behavior. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, is controlling the side effects with medication, and has not demonstrated any aberrant behaviors. The patient is able to work full time with this medication. The current request is medically necessary.